

The Evolution of the Midwife.*

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THE question of the position of the Midwife, of her future prospects, or of her examination, is one which has lately been attracting considerable attention, both in the Nursing, the medical, and the legislative worlds, and the Midwife, whose work has hitherto for the most part been little esteemed and little accounted of, finds that she is now occupying a position of considerable prominence. Few people, I think, have really any accurate idea as to what sort of person this same Midwife really is. If asked to describe her, I believe there would arise to most people a vision of a rather ignorant old woman, somewhat addicted to imbibing over-much gin, who attends impartially the death-beds, or the lying-in cases in her immediate vicinity, and whose qualification for so doing is that she is getting past active manual work, and thinks that she will better herself if she "takes to the Nursing." We are all of us familiar with this person. She is a typical Mrs. Gamp, and it is noteworthy that, though it is now almost entirely forgotten that Mrs. Gamp was ever what she calls herself, "a sick Nurse," her name is still constantly associated with Midwives—indeed, she may be called their presiding genius. The reason for this is, I think, that our Hospitals have, so far as the training in general Nursing of Mrs. Gamp and her successors is concerned, so reformed it and her that it is impossible to associate her in our minds with the trim, refined, educated woman that we find occupying her place in Hospital wards at the present day. But, with regard to her training in Monthly Nursing and Midwifery, it is otherwise. The Hospitals, which have educated her past recognition in other respects, have in this almost universally left her education entirely neglected, and indeed, so far as they are concerned, she remains where Dickens found her. The Hospitals have filled their obstetric wards and their out-patient departments with the results of her ignorance and mismanagement, but they have taken no steps to improve Mrs. Gamp herself, and so to prevent the evils which are brought about by her incompetence.

In this, I think, our Hospitals are to blame, and both the Hospitals and the general public have suffered—the Hospitals because their Nurses are not so highly trained as it is possible they should be, the general public because it is exceedingly difficult for it to obtain a Monthly Nurse who knows anything of nursing outside her own branch. To put a

definite case before you. Suppose a woman, who is within a few weeks of her confinement, develops enteric fever. Where is she to be nursed? She cannot go into a Lying-in Hospital. In the first place, it would be impossible to admit her into a ward of lying-in patients; and secondly, the probability is that no one would understand how to nurse enteric fever. Supposing that she is admitted into a General Hospital, and the child is born, how many of our Hospital Nurses have a rudimentary idea of the nursing required during the puerperal period; how to adjust a binder for a lying-in woman, so that it will keep in position; what symptoms to watch for and observe; and how to act should hæmorrhage occur until medical assistance can be procured? With regard to washing and dressing the child also, would they not be hopelessly at sea? And how would a baby, and probably moreover a very delicate one, fare in their hands?

I should like to state my strong conviction that the curriculum of our Training Schools should include three months' experience in Monthly nursing. I fail to understand why very young children should be the only patients, both in our Children's and our General Hospitals, who receive unskilled nursing, or why a Nurse should be considered fully trained who has no idea of Monthly nursing. This would also give Nurses an opportunity of learning something of obstetric nursing. Theoretically, I suppose all Nurses are supposed to have some knowledge of this branch of nursing, but practically the large proportion of our Hospital Nurses know nothing about it, unless they themselves supplement the training they have received by paying for special training at a Lying-in or Women's Hospital. This surely should not be so. If all our Hospitals provided for the nursing of lying-in cases, and the training of their Nurses in this branch, this defect in training might be overcome. It would, of course, necessitate the setting apart of a separate block, or house, in which the patients and the Nurses training in this branch might be received.

The lines on which I would suggest this department should be worked would be, that all first cases, and all cases in which there is a previous history of difficult labour and instrumental delivery, should be eligible for admission; that other cases should be attended in their own homes, within a given radius of the Hospital. I would also afford facilities for a post-graduate course of *Midwifery* for such Nurses as might desire it. I would raise the number of Midwifery cases to be attended, before a candidate is eligible for examination, from twenty-five to fifty. I would also suggest as highly desirable that a candidate for examination should produce evidence of satisfactory practical work as,

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